

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

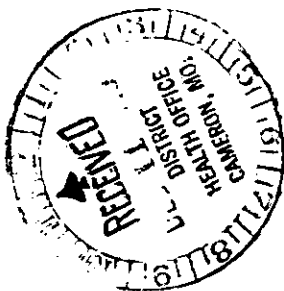
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State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH <u>Trenton-Missouri</u> a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton Missouri</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		<u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Keal Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>No Street address</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NONA</u>		b. (Middle) <u>McCLARY</u>		c. (Last) <u>McCLARY</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>26</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-19-1867</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>10</u>	11. DAYS <u>19</u>	12. HOURS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Adams-Township, Harrison Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Magraw</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Charles McClary</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O'Leen L. Miller, Gilman City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>				4220	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1st 1950</u> to <u>Oct 26th 1950</u> , that I last saw the deceased alive on <u>Oct 25th 1950</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence F. Dyer, M.D.</u>				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>Nov 4th 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East of Gilman City</u>		24d. LOCATION (City, town, or county) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-29-50</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Haines, Gilman City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*W. D. Haines*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*W. D. Haines*

Licensed Embalmer No. *941*

P. O. Address *Wilmas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.